

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 2004086

Date In: 7/4/20 - 19:40	Job description	Date & Time Completed	Done by
Ref No: 44/11/1233555/1/24	SAS e-filing		
Veh No: 40270C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/4/20 - 17:00	i-Motor Claim Form	6/7/13/9/354-001	7/4/20 19:40
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: 40270C INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616) Date & Time Completed: ( ) Done by: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		for Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD:				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile 30				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	07/04/2020 19:40
Date Of Accident	06/04/2020 17:00
Exact Location Of Accident	JUNC KAMPONG KAPOR RD & VEERASAMY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ270K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMPORIS ENGINEERING PTE LTD
Co Reg No	2XXXXX453Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90555016
Alternative Phone No	OFFICE-90555016

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105900806-01
Cover Note Number	

### Driver

Name of Driver	MARIMUTHU SURESH
NRIC No	GXXXX453T
Date Of Birth	26/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2019
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91323224
Fax Number	
Contact Number	OFFICE-91323224
Email Address	NOEMAIL

Address	17 SOON LEE ROAD #03-01
Postcode	628080
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6531R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### DETAILS OF INJURED PERSON 1

Name	MARIMUTHU SURESH
------	------------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBJ270K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

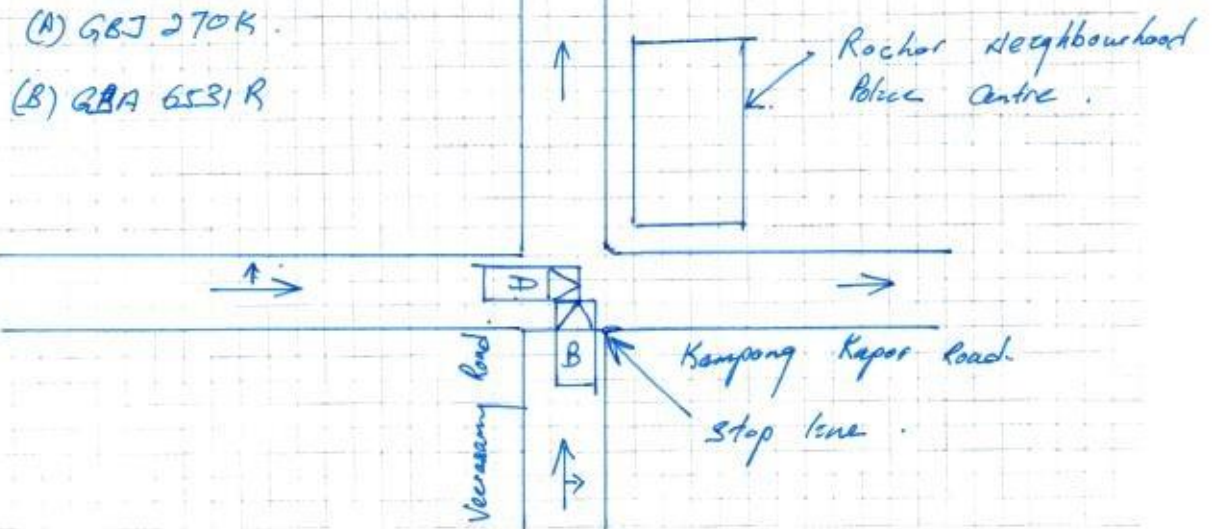


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/04/2020 at @ 1700 hrs, I was travelling in my vehicle (GBJ 270K) along Kampung Kapor Road. While I was passing the junction of Veteran Road, a lorry (GBA 6531R) on the right, did not stop to give way and collided onto the right side of my vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

<b>Vehicle No.</b>	GBJ 270K	<b>Model / Make</b>	Toyota Dyna
<b>Date of Accident</b>	06/04/2020		
<b>Time of Accident</b>	1700 HRS		
<b>Location of Accident</b>	Kompong Kapor Road junction Veerasamy Road		
<b>Exact purpose use during accident</b>	Commercial work		
<b>Name of Owner</b>	Empress Engineering Pte Ltd		
<b>Telephone No.</b>	H/P: 9555016	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	2013124532		
<b>Address</b>	24 Jalan Pachei (S) 557362		
<b>Claim type</b>	OD <u>THIRD PARTY</u>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NTPC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5105 900806 - 01		
<b>Name of Driver</b>	As Above If No, Marimuthu Suresh		
<b>NRIC</b>	G 6744453T	<b>Any Passengers:</b>	
<b>Date of birth</b>	26/06/1987		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	04/01/2019		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P: 9132 3224	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	17, Soon Lee Road #03-01 (S) 628080		
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.		
<b>Relationship</b>	<u>Employee</u> , If no, state		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	Marimuthu Suresh (H/P: 9132 3224)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	GBA 6531R	<b>Any Passengers:</b>	01 (m)
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact:</b>	N.A
<b>Accident Portion</b>	Right side		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>	-		
<b>PARTICULAR WORKSHOP</b>	N-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JOSEPH TAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5105900806-01

**Cover :** Preferred Workshop Plan

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBJ270K                      |
| Chassis Number  | : JTFAT35Y10K211814            |
| 2. Name of Policyholder   | : EMPORIS ENGINEERING PTE. LTD |
| 3. Effective Date of Insurance  | : 03 Dec 2019                  |
| 4. Expiry Date of Insurance   | : 02 Dec 2020                  |
| 5. Persons or Classes of Persons entitled to drive#   |                                |
| (a) The Policyholder.   |                                |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                |
| 6. Limitations as to Use#   |                                |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                |
- This Policy does not cover
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)  
Date of Issue : 08 Nov 2019 14:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105900806-01		EMPORIS ENGINEERING PTE. LTD	201312453Z	GCV	Preferred Workshop Plan	GBJ270K	GBJ270K	03/12/2019	02/12/2020

Continue

 Policy Information

Policy No.	5105900806-01	Policyholder Name	EMPORIS ENGINEERING PTE. LT	Policyholder NRIC	201312453Z
Certificate No.					
Address	24 JALAN PACHELI SINGAPORE 557362				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	08/11/2019	Effective Date	03/12/2019 00:00	Expiry Date	02/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	24 JALAN PACHELI	Address 2	SINGAPORE 557362	Address 3	
Address 4		Address Type	Singapore address	Post Code	557362
Unit No.		Related Policy Number	5105900673-01		

 Insured Object: GBJ270K

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: right;"> <div>Continue</div> <div>Cancel</div> </div>				

## Claim Handling

Accident MT/1091054

Policy No.	510590806-01	Vehicle No.	GBJ270K	GST Registration No.	
Certificate No.					
Policyholder Name	EMPORIS ENGINEERING PTE. LTD.	Cover Type	Preferred Workshop Plan	Policyholder NRIC	201312453Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90555016	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	07/04/2020 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	06/04/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG KAMPONG KAPOR RD & VEERASAMY RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	09/09/2019		
GST Registration No.	201312453Z	GST Status Verified	Yes		
Modification History	07/04/2020 19:50:03 System changed GST Registered from No to Yes 07/04/2020 19:50:03 System changed GST Registration No. from null to 201312453Z 07/04/2020 19:50:03 System changed GST Registration Date from null to 09/09/2019				
<b>Policyholder Mailing Address</b>					
Address 1	24 JALAN PACHELI	Address 2	SINGAPORE 557362	Address 3	
Address 4		Address Type	Singapore address	Post Code	557362
Unit No.		Related Policy Number	51059080673-01		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/06/1987
Unnamed driver Name	MARJUMUTHU SURESH	Driver NRIC	GXXXX453T	Driving Experience	1
Register Date of Driver License	04/01/2019	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	91323224	Contact No. (Office)	0	Address 3	
Address 1	17 SOON LEE ROAD	Address 2	SINGAPORE 628080	Post Code	628080
Address 4		Address Type	Singapore address		
Unit No.	03-01	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	EMPORIS ENGINEERING PTE. LTD.	Insured NRIC	201312453Z
Contact No. (Mobile)		Contact No. (Home)	N/A	Contact No. (Office)	
Email Address		DI Vehicle Number	GBJ270K	TP Vehicle Number	GBA6531R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ270K / GBA6531R ON 6 Apr 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/04/2020 19:50	Claim Close Date		Date Received	07/04/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1091054	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/04/2020 19:52
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

[Attachment List](#)
☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:52	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	SAS	Normal	SAS 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Apr 2020 19:51	Photos	Normal	Photos 2020-4-7	

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	